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COVER LETTER

TO: →	Registration Se Division of Cor				
SUBJE		ome Shield, LLC			
ovini.		Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Dejan D. Kresic			
		Florida's Home Shield, LLC	Name of Limited Liability Company and fee(s) are submitted for filing. ming this matter to the following: Gresic Name of Person Jome Shield, LLC Firm/Company S Rd, Apt 205 Address angs, FL 33067 City/State and Zip Code @yahoo.com E-mail address: (to be used for future annual report notification matter, please call:		
		9055 Wiles Rd, Apt 205	Firm/Company	-1.	
		Coral Springs, FL 33067	Address		100-67
		dejankresic@yahoo.com		-	7 . H W
For furt	her information co	E-mail address: (oncerning this matter, please ca	·	cation) 3	
Dejan I	D. Kresic				
	Name o	f Person		Telephone Number	_
Enclose	ed is a check for th	ne following amount:			
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	□ \$60.00 Filing For Certificate of Strate Copy (additional copy is	Status &
	Registr	ING ADDRESS:			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida's Home Shield, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on April 11, 2	2018 and assigned
Florida document number L18000091620	.•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	n "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	CSS)	13
		3 7
		1
Enter new mailing address, if applicable:		i o m
(Mailing address MAY BE A POST OFFICE BOX)		1, 11
2	, , , , _	pages 1.2
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our r ss here:	ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t uddeess
·		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marvin W. Todd	15302 NW 3rd St	
		Descharte Disco Et 20000	B Add
		Pembroke Pines, FL 33028	-
			Remove
			Change
			□ Add
			Remove
			Change
			☐ Add
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partner. Kr	esic and Todd wil	be co-owners	of Florida's	Home Shie	ld.		·· ···································		_
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